

FRP 06A1271

Add A Facility Response Plan

Name: Denbury Management, Inc. First Name: _____Facility Name: Laterre #4, Lirette Field Tank Battery

Example: 123 N MAIN ST NW SUITE 100 P.O. BOX 2000

Street Number (ex. '123'): _____

Prefix (ex. 'N'): _____

Street Name (ex. 'MAIN'): _____

Street Type (ex. 'ST'): _____

Suffix (ex. 'NW'): _____

Additional Information (ex. 'SUITE 100'): _____

Owner: Located Section 32, T19S, R19E, NE of Point Barre, in Terrebonne Parish, Louisiana along bank of Exxon Canal.

Post Office Box Number (ex. '2000'): _____

City: _____ State LA Zip Code: _____ - _____

Facility Phone Number: () - -

Is the mailing address the same as the facility address? (y/n): N
 If N, complete top portion of top box page 2.

Docket No: 06- LA-00556 Plan Location (Box No.): LA-075Date Plan Received: 04/20/93 Date Docket No. Assigned: 04/26/93Confidential Business Information Claimed: Yes ☐ No ☒

If yes, action taken: Plan sent to EPA _____ Date sent: ____/____/93

Other _____

Conflict of Interest:

Date info sent to Buffalo: ____/____/93 Date COI checked: ____/____/93

Is there COI: Yes No

If yes, action taken: Plan sent to EPA _____ EPA notified: ____/____/93

Other _____

Personal COI (All reviewers to sign):

For the purpose of reviewing the above facility's response plan, I do not have any conflict of interest as per E & E's personal COI policy.

Signature: (1) _____ Date _____

(2) _____ Date _____

(3) _____ Date _____

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Company Name: Denbury Management, Inc.Mailing Address: 1549 Polk StreetCity: Houma State: LA Zip code: 70360Country: USALargest tank capacity (Gallons): 21000Maximum storage capacity (gallons): 42000Total number of storage tanks: 2Dun and Bradstreet number: _____ Primary SIC code: 1311Worst case discharge amount (gallons): 42000

Lead agency for response?: _____

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Facility operations include oil transfer to vessels over water? (Y/N) YFacility lacks adequate secondary containment for any tank? (Y/N): YFacility located near public drinking water intake? (Y/N): NFacility located near an environmentally sensitive area? (Y/N): NReportable spill >10,000 gal. and capacity >1,000,000 gal.? (Y/N): NFacility Latitude: 29-24-20 Facility longitude: 090-^W31-30Distance from facility to water (miles): 0.25Contact first name: George Last name: PecorinoTitle of contact person: Operations Superintendent

FACILITY RESPONSE PLAN (FRP) TRACKER

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Number of ASTs: 2 Total AST capacity (gallons): 42 000

Number of USIs: _____ Total UST capacity (gallons): _____

Date response plan received: _____

Status of initial response plan for receipt postcard: YFacility poses significant/substantial harm? (Y/N): Y

Date facility certification received: _____

Facility certification adequate? (Y/N): _____

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Facility granted 2 year extension? (Y/N): _____

Response plan reviewed? (Y/N): _____

Date response plan review completed: _____

Modifications to response plan necessary? (Y/N): _____

Date modifications to response plan due: _____

Date modifications to response plan received: _____